

Email: _____
Phone: _____



School Oral Health Screening Form

☐ dentist ☐ nurse
☐ dental hygienist ☐ other

☐ yes Date of training:

☐ no

School: _____ **City:** _____ **County:** _____
Screening date: _____

[illegible]

W =White
B =Black/African American
H =Hispanic/Latino
A =Asian
AI =American Indian/Alaska Native
NH =Native Hawaiian/Pacific Islander
MR =Multi-racial
U =Unknown

Yes = Decay present
($> .5$ mm or $1/2$ mm & brown)
No = No decay present

Yes =

- Has decay
- Has filling or crown
- Had baby or adult tooth extracted due to decay

No =

- No decay &/or
- No fillings &/or
- No adult molar extracted due to decay

SDF= Silver Diamine Fluoride

Treated areas appear as hard & black

Yes = One or more sealants

No = No sealant present on any one primary or permanent molar

No = No Obvious Need
Early = Early Care Needed
Urgent = Urgent Care Needed

Revised Oct 2017